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| State of Alabama Unified Judicial System Form PERS-30 Rev.6/96 | EMPLOYEE COUNSELING RECORD (Complete in two copies) | Date |
| PART I. Employee Identification | | |
| Last Name First M.I. | | Social Security Number |
| PART II. Narrative Description of incident or deficiency. (To be completed by supervisor) | | |
| <div></div> <div>Return this form to me by _____ a.m. / p.m on _____</div> | | |
| Supervisor's Signature | | |
| PART III. Employee's Comments | | |
| <div></div> | | |
| Employee's Signature | | Date |

PART IV. Summary Record of Counseling (To be completed by supervisor)

Supervisor's Signature

Employee's Signature

Date

| | | | |
|---|--|-----------------------|----------------------------|
| State of Alabama Unified Judicial System Form PERS-31 Rev.6/96 | NOTICE OF DISCIPLINARY ACTION (Complete in triplicate) | | Date |
| TYPE OF ACTION: <div>_____ SUSPENSION _____ DEMOTION</div> | | | |
| PART I. Employee Identification | | | |
| Last Name | | First | M.I. |
| | | | Social Security Number |
| PART II. Narrative | | | |
| <p>It is my intention to take this type disciplinary action against you as indicated above for the reasons given below. However, before making my final decision, you are advised of your right to appear before me and to submit any written comments you may wish to make on Part III of this form at that time.</p> <div></div> <div>Return this form to me by _____ a.m. / p.m on _____</div> | | | |
| Title of Administrator | | Name of Administrator | Signature of Administrator |
| PART III. Employee's Comments | | | |
| <div></div> | | | |
| Employee's Signature | | | Date |

PART IV. Administrator's Decision

1. _____ You are hereby notified you will be suspended without pay from _____ a.m/p.m. on _____ through _____ a.m/p.m on _____. You will return to work at _____ a.m./ p.m on_____.
2. _____ You are hereby notified you will be demoted from your present classification to _____ effective as of _____ a.m./p.m on _____. Your new bi-weekly salary will be_____.
3. _____ I have decided not to take disciplinary action against you at this time.
4. _____ This action is not subject to appeal since you have not earned permanent status in any class in the Alabama Unified Judicial System during this term of your employment.
5. _____ You are hereby advised that if you wish to appeal this action, you must within ten (10) calendar days after the effective date of this action notify the **Administrative Director of Courts, 300 Dexter Ave., Montgomery, AL 36104**, of your appeal by letter setting forth a written answer to this action by the Administrator.

Signature of Administrator

Date

PART V. (Employee shall complete this section only if eligible to appeal. Return one copy to your administrator.)

1. _____ I do not intend to appeal. (check if applicable)
(Note: Suspensions are not appealable)
2. _____ I do intend to appeal by letter to the Administrative Director of Courts, and understand it must be done within (10) calendar days after the effective date of the action if the appeal is to be considered.

Signature of Employee

Date

| | | | |
|--|--|----------------------------|----------------------------------|
| State of Alabama Unified Judicial System Form PERS-32 Rev.6/96 | NOTICE OF TERMINATION OF EMPLOYMENT (Complete in triplicate) | | Date |
| TYPE OF ACTION: _____ Termination Without Prejudice _____ Dismissal _____ Job Abandonment | | | |
| PART I. Employee Identification | | | |
| Last Name | | First | M.I. Social Security Number |
| PART II. Narrative | | | |
| <p>The purpose of this notice is to advise you of my intention to terminate your employment effective _____ a.m/p.m. on _____ for the reasons indicated below. However, before making my final decision, you are advised of your right to appear before me and to submit any written comments you may wish to make on Part III of this form at that time.</p> <p>Return this form to me by _____ a.m. / p.m on _____</p> | | | |
| Title of Administrator | Name of Administrator | Signature of Administrator | |
| PART III. Employee's Comments | | | |
| Employee's Signature | | Date | |

PART IV. Administrator's Decision

1. _____ You are hereby notified that your employment will be Terminated Without Prejudice to be effective as of _____ a.m./p.m on _____.
2. _____ You are hereby notified of your Dismissal from your employment to be effective as of _____ a.m./p.m on _____.
3. _____ Your unauthorized absence of _____ consecutive days constitutes a resignation NOT in good standing, and you are hereby notified of the official termination of your employment because of Job Abandonment which will be effective as of _____ a.m./p.m on _____.
4. _____ This action is not subject to appeal since you have not earned permanent status in any class in the Alabama Unified Judicial System during this term of your employment.
5. _____ You are hereby advised that if you wish to appeal this action, you must within ten (10) calendar days after the effective date of this action notify the **Administrative Director of Courts, 300 Dexter Ave., Montgomery, AL 36104**, of your appeal by letter setting forth a written answer to this action by the Administrator.
6. _____ I have decided not to terminate your employment at this time.

Signature of Administrator

Date

PART V. (Employee shall complete this section only if eligible to appeal. Return one copy to your administrator.)

1. _____ I do not intend to appeal.
2. _____ I do intend to appeal by letter to the Administrative Director of Courts, and understand it must be done within (10) calendar days after the effective date of the action if the appeal is to be considered.

Signature of Employee

Date